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TO: MAIL STOP ISSUE FEE
U.S. P.T.O.

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Date: May 7, 2008

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RE: Applic. S/N 10/788,943; Filed February 26, 2008
First Named Inventor: CHATTERJEE, Mitrajit, Attorney Docket # IDT-1872

Message:

Please find attached:

1. Transmittal;

2. Part B-Issue Fee Transmittal + Duplicate;

3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence;

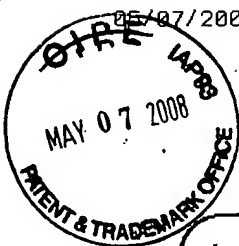
4. Statement Under 27 CFR 3.73(b);

5. "Fee Address" Indication Form.

Thank you.

**Leslie Hoffmann
Patent Paralegal
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PTO/SB/21 (08-03)

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| | | |
|---|------------------------|----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/788,943 |
| | Filing Date | February 26, 2004 |
| | First Named Inventor | CHATTERJEE, Mitaljit |
| | Art Unit | 2177 |
| | Examiner Name | KERVEROS, James C. |
| | Attorney Docket Number | IDT- 1872 |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Fee Address Indication Form and 3.73 Statement |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|------------------------------|
| Firm or Individual name | GREG WARDER, REG. NO. 50,208 |
| Signature | |
| Date | May 7, 2008 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|-----------------|------|-------------|
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| Typed or printed name | Leslie Hoffmann | | |
| Signature | | Date | May 7, 2008 |

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